

**TENNESSEE DEPARTMENT OF EDUCATION, DIVISION OF CAREER AND TECHNICAL EDUCATION  
VERIFICATION OF TRAINING WORKSHOP ATTENDANCE AND COMPLETION**

Check the type of training to be verified: ☐ Agriscience ☐ Applied Communication ☐ Nursing Education  
☐ Biology for Technology ☐ Diversified Technology I ☐ Diversified Technology II ☐ Foundations of Technology  
☐ Innovations and Inventions ☐ Math for Technology ☐ Nutrition Science ☐ Principles of Technology ☐ Work-based Learning  
☐ T & I-Transportation & Construction ☐ T & I-Manufacturing ☐ Clinical Internship

Date(s) of Training: \_\_\_\_\_ Location of Training: \_\_\_\_\_

Name(s) of Trainer(s): \_\_\_\_\_

Full Name of Attendee (Please print)	Teacher Number	Social Security Number	Endorsement(s)	Initial beside each registered attendee who completed ALL requirements of the training	Comments
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As trainer(s) for the above checked course, I/we certify that all training requirements were met for each individual initialed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL THIS COMPLETED FORM WITHIN FIVE DAYS OF THE CONCLUSION OF THE WORKSHOP TO:** Will Lewis, Director of Secondary Programs, Tennessee Department of Education, Division of Vocational-Technical Education, 4<sup>th</sup> Floor, 710 James Robertson Pkwy., Nashville, TN 37243-0383. If you have questions, you may reach him by phone at 615-532-2800.